

## **OPTN Transplant Coordinators Committee**

### **Meeting Summary**

**February 16, 2023**

**Conference Call**

**Stacy McKean, RN, Chair**

**Natalie Santiago-Blackwell, RN, MSN, Vice Chair**

### **Introduction**

The OPTN Transplant Coordinators Committee (the Committee) met via Citrix GoToMeeting teleconference on 02/16/2023 to discuss the following agenda items:

1. Welcome
2. Improve Deceased Donor Evaluation for Endemic Diseases
3. Require Human Leukocyte Antigen (HLA) Confirmatory Typing for Deceased Donors
4. Modify Heart Policy for Pediatric Candidates and Intended Incompatible Blood Type (ABOi) Offers
5. Reminders

The following is a summary of the Committee's discussions.

#### **1. Welcome**

Committee leadership and staff welcomed the Committee.

##### Summary of discussion:

The Committee had no questions or comments.

#### **2. Improve Deceased Donor Evaluation for Endemic Diseases**

The Chair of the OPTN Ad Hoc Disease Transmission Advisory Committee (DTAC) presented the proposal to [Improve Deceased Donor Evaluation for Endemic Diseases](#).

##### Summary of discussion:

A member asked how long it takes to receive results. The DTAC Chair responded that the Strongyloides testing does not have to be resulted pre-transplant. She added that the screening antibody test is quick and readily accessible, but it is the confirmatory testing that takes a longer to get results.

A member expressed support but added that donor screening is subjective if based on the next of kin providing information about the donor's history. She recommended testing for Chagas and Strongyloides be required for all donors, since someone could live in an endemic area for a short period of time or have a family member diagnosed with the diseases. The DTAC Chair responded that the committee had a lot of discussion and tried to weigh the risk of transmission with the risk of losing donors due to false positive results. She added that trying to expand the questions about who should be screened will cause the same issues as the country of origin.

A member stated that she appreciated DTAC's decision to not require Strongyloides results prior to proceeding with transplant, but what happens if the results are available. The DTAC Chair noted that there are oral medications to treat Strongyloides that have few side effects.

A member asked if the screening should be required for hearts only versus all transplants. She suggested starting with heart because the POC is reviewing post implementation metrics and maybe it would inform the decision to apply this to all transplants since the number of cases is low. The DTAC Chair responded that the reason for the focus on hearts is if a donor tests positive for Chagas the heart would probably be declined due to the risk of underlying dysfunction related to long-term Chagas infection. She added that Chagas can also have implications for all transplant recipients especially with immunosuppression.

There was no further discussion.

#### Next Steps

Committee staff and leadership will draft a public comment response from the Committee based on the feedback given in the meeting. This response will be posted on the OPTN website.

### **3. Require Human Leukocyte Antigen (HLA) Confirmatory Typing for Deceased Donors**

The Vice-Chair of the OPTN Histocompatibility Committee presented the proposal to [Require Human Leukocyte Antigen \(HLA\) Confirmatory Typing for Deceased Donors](#).

#### Summary of discussion:

A member noted the low number of errors and asked if the committee has heard any feedback about less expensive and less burdensome options for OPOs. The Histocompatibility Committee Vice-Chair responded that the committee implemented safeguards a few years ago required dual data entry to reduce errors. He added that the number of cases is probably under-reported so while the numbers are low, the impact of errors is extremely high.

A member asked if there were concerns about requiring more blood samples from smaller donors. The Histocompatibility Committee Vice-Chair responded that most labs have the ability to perform typing with very small volumes of blood. He added that there is also the opportunity to utilize buccal swabs for the testing.

A member commented that although the number of cases is low, the results of an error can be very impactful. For example, the associated cost of patient treatment, extended hospital stay, and potentially the need for retransplant. She added that the current policy language does not address what needs to be done in the event of a discrepant typing result other than HLA labs need to follow their existing process for resolving discrepant testing. She recommended using language similar to the ABO policy where in the event of an indeterminate or discrepant testing result, there is an established protocol that needs to be followed by each of the HLA labs.

There was no further discussion.

#### Next Steps:

Committee staff and leadership will draft a public comment response from the Committee based on the feedback given in the meeting. This response will be posted on the OPTN website.

### **4. Modify Heart Policy for Pediatric Candidates and Intended Incompatible Blood Type (ABOi) Offers**

The Vice-Chair of the OPTN Heart Transplantation Committee presented the proposal to [Modify Heart Policy for Pediatric Candidates and Intended Incompatible Blood Type \(ABOi\) Offers](#).

#### Summary of Discussion

A member commented that this proposal is prioritizing a vulnerable population with the goal to decrease waitlist mortality and providing access to transplants. Another member, who is a pediatric

heart coordinator, noted that this proposal is great and supports the science around transplanting patients using intended incompatible blood type offers for pediatric candidates.

Another member from a pediatric transplant center added that this proposal will be great for her patients.

Next Steps:

Committee staff and leadership will draft a public comment response from the Committee based on the feedback given in the meeting. This response will be posted on the OPTN website.

**5. Reminders**

Staff provided a reminder about the next conference call. Additionally, staff noted they will be sending an email to the committee to get additional feedback on the proposal by the OPTN Network Operations Oversight Committee.

**Upcoming Meeting**

- March 16, 2023 (Teleconference)

## Attendance

- **Committee Members**
  - Natalie Santiago-Blackwell
  - Angele Lacks
  - Ashley Hamby
  - Ashley Cardenas
  - Brenda Durand
  - Karl E. Neumann
  - Heather Bastardi
  - Heather Miller-Webb
  - Robin Petersen-Webster
  - Jamie Myers
  - Kelsey McCauley
  - Melissa Walker
  - Stacy Sexton
  - Rachel White
  - Valinda Jones – Visiting Board Member
- **HRSA Representatives**
  - Shelley Tims Grant
- **UNOS Staff**
  - Robert Hunter
  - Ross Walton
  - Lauren Mauk
  - Kevin Daub
  - Taylor Livelli
  - SaraRose Wells
  - Courtney Jett
  - Eric Messick
- **Other Attendees**
  - Lara Danzinger-Isakov
  - Jondavid Menteer
  - Gerald Morris